

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 322-5802



October 17, 1985

ALL-COUNTY INFORMATION NOTICE NO. 1-79-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT, FY 1985/86

The Department of Social Services is transmitting the FY 1985/86 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed as soon as cost-of-living information is available and should be returned to the County Administrative Expense Control Bureau.

The 1985/86 Budget Act does not provide for funding of county cost-of-living increases. However, it is anticipated that funding will provide for these increases in arrears next fiscal year. Therefore, it is essential to provide this information so that it can be incorporated into the Fiscal Year 1986/87 budgeting process.

The attached statement requires information for the current and prior fiscal year. For FY 1984/85, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1985/86, we are requesting the cost-of-living salary increases granted by the Board of Supervisors, and the computation of the estimated benefit rate. An instruction sheet is attached to facilitate completion of the form.

If you have any questions, please contact John Schwander of the County Administrative Expense Control Bureau at (916) 322-5802.

A handwritten signature in cursive script that reads 'Robert Sertich'.

ROBERT T. SERTICH  
Deputy Director  
Administration

Attachment

cc: CWDA

INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND  
BENEFIT STATEMENT (DFA 442) - FISCAL YEAR 1985/86

Supply data in Section I and II in decimal fraction amounts carried out two places (Example: 6.67%). If there is an item that is not applicable, enter "N/A." Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: IN SECTION I, IF THE EFFECTIVE DATES OF ANY BENEFIT INCREASES DO NOT START ON JULY 1, PLEASE ANNUALIZE WHERE NECESSARY SO THAT THESE INCREASES WOULD BE ON A STATE FISCAL CYCLE. THIS WILL NOT BE NECESSARY IN SECTION II. THEREFORE, PLEASE REFLECT THE ACTUAL SALARY INCREASES REGARDLESS OF THE EFFECTIVE DATES.

Section I: FY 1984/85 and FY 1985/86 average benefits paid by county

Column 1 equals FY 1984/85 Total Paid Contributions ÷ FY 1984/85 Salaries.

Column 2 equals Projected FY 1985/86 Total Paid Contributions ÷ Projected FY 1985/86 Salaries.

Column 3 equals Net Benefit Rate Difference or Column 2 minus Column 1. Total rate, Item g must equal the sum of Items a through f.

Column 4 is the effective date of FY 1984/85 benefits.

Column 5 is the effective date of FY 1985/86 benefits.

Section II: FY 1985/86 cost-of-living salary increase granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the county Board of Supervisors. (Note: If a given salary pool (eg., clerical) had different cost-of-livings granted within that pool, use a weighted average for that pool)

Column 2 is the effective date of FY 1985/86 salary increases.

Section III: Provide explanation of any changes that would affect any cost category individually or in total, such as a change in the number of workweek hours.

# **CWD SALARY AND BENEFIT STATEMENT - FISCAL YEAR 1985/86**

County \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

## **I. FY 1984/85 and FY 1985/86 Average Benefits Paid by County**

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1984/85	(2) FY 1985/86	(3) NET RATE (Col. 2 - 1)	(4) FY 1984/85	(5) FY 1985/86
a. OASDI .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
b. Retirement .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation .....	_____ %	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)					
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	_____ %	____/____/____	____/____/____
g. TOTAL RATE .....	_____ %	_____ %	_____ %	____/____/____	____/____/____

## **II. FY 1985/86 Cost-of-Living Salary Increase Granted by the County Board of Supervisors**

COST OF LIVING	(1) PERCENTAGE GRANTED FY 85/86	(2) EFFECTIVE DATE
a. Eligibility and Nonservices ....	_____ %	____/____/____
b. Clerical Support .....	_____ %	____/____/____
c. Administrative Support .....	_____ %	____/____/____
d. Fraud Investigators .....	_____ %	____/____/____
e. Social Services .....	_____ %	____/____/____

### **RETURN TO:**

County Administrative Expense Control  
Department of Social Services  
744 P Street, Mail Station 8-200  
Sacramento, California 95814

11. Provide explanation of any changes within the county that would affect any cost category individually or in total, such as change in the number of workweek hours.

*I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1985/86.*

DATE

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR